



15992 U.S. PTO

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

|                         |                        |
|-------------------------|------------------------|
| Attorney Docket No.:    | SC130261C              |
| First Inventor:         | Shahid ALI et al       |
| Title:                  | GLITCH REMOVAL CIRCUIT |
| Express Mail Label No.: | EV 322114895 US        |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS  
(see MPEP chapter 600 concerning  
utility patent application contents)

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 2023131355 U.S. PTO  
10/7/8433

121703

1. ☒ Fee Transmittal Form in duplicate  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status  
See 37 CFR 1.27
3. ☒ Specification Total Pages   
(preferred arrangement set forth below)  
-Descriptive title of the invention  
-Cross Reference to Related Applications  
-Statement Regarding Fed sponsored R&D  
-Reference to sequence listing, a table,  
-Background of the Invention  
-Brief Summary of the Invention  
-Brief Description of the Drawings (if filed)  
-Detailed Description  
-Claim(s)  
-Abstract of the Disclosure
4. ☒ Drawing(s) Total Sheets
5. Oath or Declaration (4 pgs.)
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet under 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-4 (2 copies);
    - ii. ☐ or paper
  - c. ☐ Statements verifying identify of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) ☐ Power of Attorney Statement (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ IDS ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
15. ☐ Certified Copy of Priority Document
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

## 18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

|                                       |                                     |  |                                      |
|---------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in- Part (CIP) | Prior Appl. No. <input type="text"/> |
| Prior Appl. information:              |                                     | Examiner: <input type="text"/>                       | Group/Art Unit: <input type="text"/> |

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label  or ☐ Correspondence address below

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| SIGNATURE |                                 |                  | Date         | 17 DEC 03 Mail Date |              |

|  |             |                          |                       |
|--|-------------|--------------------------|-----------------------|
| <b>FEE TRANSMITTAL</b><br><br>Patent fees are subject to annual revision |             | <i>Complete if Known</i> |                       |
|  |             | Application Number       |                       |
|  |             | Filing Date              | Concurrently Herewith |
|  |             | First Named Inventor     | Shahid ALI            |
|  |             | Examiner Name            |                       |
|  |             | Group Art Unit           |                       |
| TOTAL AMOUNT OF PAYMENT  | (\$ 950.00) | Attorney Docket No.      | SC13026IC             |

  

| <b>METHOD OF PAYMENT</b>   | <b>FEE CALCULATION (continued)</b>  |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
|--|---|-------------------|-----------------|--|----------|----------|-----------------|-----|-----|-----|--------------------|-------------------------------------|-----|----|-----|--------------------|-------------------------------------|-----|-----|-----|----------------|---------------------------|----------------|-----------------|-----------------|------|---|-----|------|--------------------|------|--|-----|-------|-------------------|-------|---|-----|-----|------------------|-----|--|-----|-----|--------------------|-----|---|-----|-----|------------------------|---------------------------------|--|-----|------|-----|----------------|---|----------------|-----------------|-----------------|-----|--|-----|-----|------------------------|-----|------------------|-----|-----|-----------------------------------|-----|--|-----|-----|---------------------------------------|-----|--------------------------|-----|------|---|------|---|-----|-----|--|---------------------------------|----------------------------------|-----|------|-----|--|------------------------------------|-----|------------------|--------|-----------|--------------------------------|------|-----------|-----|-----|------------------|-----|-----|-----|-----|-----------------|-----|-----|-----|-----|-------------------------------|-----|----|-----|----|-------------------------------------|-----|-----|-----|-----|-------------------|-----|----|-----|----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|---|---------------------------|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">50-2117</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Motorola, Inc.</span><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   | <b>3. ADDITIONAL FEES</b><br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td></tr> <tr><td>118</td><td>1440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td></tr> <tr><td>128</td><td>1960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td></tr> <tr><td>141</td><td>1280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td></tr> <tr><td>142</td><td>1280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of IDS</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td></tr> <tr><td colspan="5">Other fee (specify) _____</td></tr> </tbody> </table> | Large Entity      | Small Entity    |  | Fee Code | Fee Code | Fee Description | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath | 127 | 50 | 227 | 25                 | Surcharge - late Provisional filing | 139 | 130 | 139 | 130            | Non-English specification | 147            | 2520            | 147             | 2520 | For filing a request for ex parte Reexamination | 112 | 920* | 112                | 920* | Requesting publication of SIR prior to Examiner action | 113 | 1840* | 113               | 1840* | Requesting publication of SIR after Examiner action | 115 | 110 | 215              | 55  | Extension for reply within first month | 116 | 400 | 216                | 200 | Extension for reply within second month | 117 | 920 | 217                    | 460                             | Extension for reply within third month | 118 | 1440 | 218 | 720            | Extension for reply within fourth month | 128            | 1960            | 228             | 980 | Extension for reply within fifth month | 119 | 320 | 219                    | 160 | Notice of Appeal | 120 | 320 | 220                               | 160 | Filing a brief in support of an appeal | 121 | 280 | 221                                   | 140 | Request for oral hearing | 138 | 1510 | 138   | 1510 | Petition to institute a public use proceeding | 140 | 110 | 240  | 55                              | Petition to revive - unavoidable | 141 | 1280 | 241 | 640  | Petition to revive - unintentional | 142 | 1280             | 242    | 640       | Utility issue fee (or reissue) | 143  | 460       | 243 | 230 | Design issue fee | 144 | 620 | 244 | 310 | Plant issue fee | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | 126 | 180 | 126 | 180 | Submission of IDS | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | Other fee (specify) _____ |  |  |  |  |
| Large Entity   | Small Entity  |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Fee Code   | Fee Code  | Fee Description   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 105  | 130   | 205               | 65              | Surcharge - late filing fee or oath  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 127  | 50  | 227               | 25              | Surcharge - late Provisional filing  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 139  | 130   | 139               | 130             | Non-English specification  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 147  | 2520  | 147               | 2520            | For filing a request for ex parte Reexamination                            |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 112  | 920*  | 112               | 920*            | Requesting publication of SIR prior to Examiner action                     |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 113  | 1840*   | 113               | 1840*           | Requesting publication of SIR after Examiner action                        |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 115  | 110   | 215               | 55              | Extension for reply within first month                                     |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 116  | 400   | 216               | 200             | Extension for reply within second month                                    |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 117  | 920   | 217               | 460             | Extension for reply within third month                                     |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 118  | 1440  | 218               | 720             | Extension for reply within fourth month                                    |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 128  | 1960  | 228               | 980             | Extension for reply within fifth month                                     |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 119  | 320   | 219               | 160             | Notice of Appeal   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 120  | 320   | 220               | 160             | Filing a brief in support of an appeal                                     |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 121  | 280   | 221               | 140             | Request for oral hearing   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 138  | 1510  | 138               | 1510            | Petition to institute a public use proceeding                              |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 140  | 110   | 240               | 55              | Petition to revive - unavoidable   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 141  | 1280  | 241               | 640             | Petition to revive - unintentional   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 142  | 1280  | 242               | 640             | Utility issue fee (or reissue)   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 143  | 460   | 243               | 230             | Design issue fee   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 144  | 620   | 244               | 310             | Plant issue fee  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 122  | 130   | 122               | 130             | Petitions to the Commissioner  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 123  | 50  | 123               | 50              | Processing fee under 37 CFR 1.17(q)  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 126  | 180   | 126               | 180             | Submission of IDS  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 581  | 40  | 581               | 40              | Recording each patent assignment per property (times number of properties) |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 146  | 740   | 246               | 370             | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 149  | 740   | 249               | 370             | For each additional invention to be examined (37 CFR § 1.129(b))           |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 179  | 740   | 279               | 370             | Request for Continued Examination (RCE)                                    |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 169  | 900   | 169               | 900             | Request for expedited examination of a design application                  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Other fee (specify) _____  |   |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Previously Paid**</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>23</td> <td>20</td> <td>3</td> <td>18</td> <td>54</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>3</td> <td>86</td> <td>86</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>290</td> <td>0</td> </tr> </tbody> </table><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>101</td><td>770</td><td>201</td><td>385</td><td>Utility filing fee</td></tr> <tr><td>106</td><td>340</td><td>206</td><td>170</td><td>Design filing fee</td></tr> <tr><td>107</td><td>770</td><td>207</td><td>385</td><td>Plant filing fee</td></tr> <tr><td>108</td><td>770</td><td>208</td><td>385</td><td>Reissue filing fee</td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$ 770.00)</b></td></tr> </tbody> </table><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>* Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>*Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$ 140.00)</b></td></tr> </tbody> </table> <p><small>**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.<br/>*For Reissues, see above</small></p> | Total Claims  | Previously Paid** | Extra Claims    | Fee from below   | Fee Paid | 23       | 20              | 3   | 18  | 54  | Independent Claims | 4                                   | 3   | 86 | 86  | Multiple Dependent |                                     |     | 290 | 0   | Large Fee Code | Entity Fee (\$)           | Small Fee Code | Entity Fee (\$) | Fee Description | 101  | 770   | 201 | 385  | Utility filing fee | 106  | 340  | 206 | 170   | Design filing fee | 107   | 770   | 207 | 385 | Plant filing fee | 108 | 770                                    | 208 | 385 | Reissue filing fee | 114 | 160                                     | 214 | 80  | Provisional filing fee | <b>SUBTOTAL (1) (\$ 770.00)</b> |  |     |      |     | Large Fee Code | Entity Fee (\$)                         | Small Fee Code | Entity Fee (\$) | Fee Description | 103 | 18                                     | 203 | 9   | Claims in excess of 20 | 102 | 84               | 202 | 42  | Independent claims in excess of 3 | 104 | 280                                    | 204 | 140 | Multiple dependent claim, if not paid | 109 | 84                       | 209 | 42   | * Reissue independent claims over original patent | 110  | 18  | 210 | 9   | *Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) (\$ 140.00)</b> |                                  |     |      |     | <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Complete (if applicable)</b></td> </tr> <tr> <td>Registration No.</td> <td>42,038</td> </tr> <tr> <td>Telephone</td> <td>512.996.6839</td> </tr> <tr> <td>Date</td> <td>17 DEC 03</td> </tr> </table> | <b>Complete (if applicable)</b>    |     | Registration No. | 42,038 | Telephone | 512.996.6839                   | Date | 17 DEC 03 |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Total Claims   | Previously Paid**   | Extra Claims      | Fee from below  | Fee Paid   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 23   | 20  | 3                 | 18              | 54   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Independent Claims   | 4   | 3                 | 86              | 86   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Multiple Dependent   |   |                   | 290             | 0  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code    | Entity Fee (\$) | Fee Description  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 101  | 770   | 201               | 385             | Utility filing fee   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 106  | 340   | 206               | 170             | Design filing fee  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 107  | 770   | 207               | 385             | Plant filing fee   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 108  | 770   | 208               | 385             | Reissue filing fee   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 114  | 160   | 214               | 80              | Provisional filing fee   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (1) (\$ 770.00)</b>  |   |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code    | Entity Fee (\$) | Fee Description  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 103  | 18  | 203               | 9               | Claims in excess of 20   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 102  | 84  | 202               | 42              | Independent claims in excess of 3  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 104  | 280   | 204               | 140             | Multiple dependent claim, if not paid                                      |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 109  | 84  | 209               | 42              | * Reissue independent claims over original patent                          |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 110  | 18  | 210               | 9               | *Reissue claims in excess of 20 and over original patent                   |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (2) (\$ 140.00)</b>  |   |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <b>Complete (if applicable)</b>  |   |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Registration No.   | 42,038  |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Telephone  | 512.996.6839  |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Date   | 17 DEC 03   |                   |                 |  |          |          |                 |     |     |     |                    |                                     |     |    |     |                    |                                     |     |     |     |                |                           |                |                 |                 |      |   |     |      |                    |      |  |     |       |                   |       |   |     |     |                  |     |  |     |     |                    |     |   |     |     |                        |                                 |  |     |      |     |                |   |                |                 |                 |     |  |     |     |                        |     |                  |     |     |                                   |     |  |     |     |                                       |     |                          |     |      |   |      |   |     |     |  |                                 |                                  |     |      |     |  |                                    |     |                  |        |           |                                |      |           |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |

  

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| <b>SUBMITTED BY</b> |                |
| Name (Print/Type)   | Michael Noonan |
| Signature           |                |

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